Direct

General Forbearance Request

William D. Ford Federal Direct Loan Program Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans, Federal Direct PLUS Loans, Federal Direct Consolidation Loans

OMB No. 1845-0031 Form Approved Exp. Date 04/30/2003

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Borrower's Information Please				
Last Name	First Name		Middle Initial	Social Security Number
Street Address				Home Area Code/Telephone Number
Street Address				nome Area Code/rerephone Number
				()
City	State		Zip Code	
Castian 1. Fantasanan Ban				Must be completed by borrower.
Section 1: Forbearance Request Must be completed by borrower.				
Forbearance means an arrangement to postpone or reduce the amount of your monthly payment for a limited and specific time period. You are charged interest during a forbearance. A forbearance is available to a borrower or an endorser who is willing but unable to make currently scheduled Direct Loan payments due to a temporary financial hardship.				
To request a forbearance, please complete the items below, sign and date this form, and return it to the Direct Loan Servicing Center. (Please note that all references to "borrower" also apply to an endorser on a Federal Direct PLUS Loan.)				
I am willing but unable to make my current Direct Loan payments due to a temporary financial hardship.				
If this forbearance is approved,	I choose to (check one):			
temporarily stop making payments; make smaller payments than previously scheduled. I would like to pay \$ per month.				
				. ,
I am requesting this forbearance because:				
I am requesting that the U.S. Department of Education (ED) grant a forbearance on my loan(s) beginning (MM-DD-YYYY)				
(MM-DD-YYYY)				
experiencing financial hardship.				
Borrower Understandings and	d Cartifications			
borrower officerstandings and	a certifications			
I understand that: (1) I will continue to receive billing statements for my current payment amount which I must pay until I am notified by the Direct Loan Servicing Center that my forbearance request has been granted; (2) ED will not grant this forbearance request unless all items on this form are completed and any additional required documentation is provided; (3) during the forbearance period, principal and interest payments may be forborne, but interest will continue to accrue whether or not my loan(s) is subsidized by the federal government; (4) if I requested a temporary suspension of payments, I will receive a quarterly statement detailing the interest that has accrued during the prior period, and unless I choose to pay this interest, ED will add the interest to the principal balance of my loan(s) at the end of the forbearance period (this is called capitalization); (5) if I requested a reduced payment forbearance, I will receive a monthly bill for the requested payment amount until the forbearance ends, and any unpaid interest that has accrued during the period will be added to the principal balance of my loan(s) (capitalized) at the end of the forbearance period.				
I certify that: (1) The information I have provided above is true and correct; (2) I will provide additional documentation, as required, to ED to support my continued forbearance status; (3) I will notify ED immediately when the condition(s) that qualified me for the forbearance ends; (4) I have read, understand, and meet the terms and conditions of the forbearance for which I have applied; and (5) I agree, upon termination of this forbearance, to repay this loan according to the terms of my promissory note and repayment schedule.				
Cignature of Parrayer				Data
Signature of Borrower:				Date:

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C. 552a) requires that we disclose to you the following information:

The authority for collecting this information is §451et seq. of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1087a et seq.). The principal purpose for collecting this information is to determine whether you are eliqible for a forbearance on your loan(s) under the William D. Ford Federal Direct Loan (Direct Loan) Program.

We ask that you provide the information requested on this Direct Loan forbearance form on a voluntary basis. However, you must provide all of the requested information that is available to you so the Department can determine whether you qualify for a forbearance.

The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59, p. 65532). Thus, this information may be disclosed to parties that we authorize to assist us in administering the Federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, enforcement of conditions of the loan or grant, debt collection, and the prevention of fraud, waste, and abuse and these disclosures may be made through computer matching programs with other Federal agencies. Disclosures may be made to determine the feasibility of entering into computer matching agreements. We may send information to members of Congress if you ask them in writing to help you with Federal student aid questions. If we are involved in litigation, we may send information to the Department of Justice (DOJ), a court, adjudicative body, counsel, or witness if the disclosure is related to financial aid and certain other conditions are met. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for consideration of action and we may disclose to DOJ to get its advice related to the Title IV, HEA programs or questions under the Freedom of Information Act. Disclosures may be made to qualified researchers under Privacy Act safeguards. In some circumstances involving employment decisions, grievances, or complaints or involving decisions regarding the letting of a contract or making of a grant, license, or other benefit, we may send information to an appropriate authority. In limited circumstances, we may disclose to a Federal labor organization recognized under 5 U.S

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Paperwork Reduction Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0031. The time required to complete this information collection is estimated to average 0.2 hours (12 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have any comments or concerns regarding the status of *your individual submission* of this form, write directly to:

U.S. Department of Education Direct Loan Servicing Center P.O. Box 4609 Utica, NY 13504-4609 Return this form and any required documentation to:

U.S. Department of Education Direct Loan Servicing Center P.O. Box 4609 Utica, NY 13504-4609

If you need help completing this form, call: 1 (800) 848-0979

If you use a telecommunications device for the deaf (TDD), call:

1 (800) 848-0983